



2013

Annual Report

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**Shuswap North Okanagan
Division of Family Practice**

A GPSC initiative



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Message from the Physician Lead

2013-2014 has been a year that has led the Division to re-evaluate what our focus needs to be. Over the last year we have had success with re-allocating the Integrated Health Network funding. This re-allocation allowed Salmon Arm to pursue a nurse coordinator for their palliative care service. This nursing position has been used to support the palliative care project, led by Dr. Joan Bratty and the project to date has been tremendously successful. After working with the IHA to produce a comprehensive report on the palliative care services in the Shuswap Lake area and determining a list of priorities, the palliative care working group managed to implement many recommendations. Through Joan's tireless work and the efforts of the implementation group, Salmon Arm is now poised to be the pilot project for rural palliative care in the Interior Health Authority. Hopefully, over the coming months, we will see further development of this plan and the creation of the campus care model that the group has worked so diligently to develop.



In Vernon, the reallocation of the Integrated Health Network funding allowed chronic disease management nurses to be placed in several more family physician offices. This has allowed the residents of our area to gain access to these skilled healthcare workers. The chronic disease management nurses have allowed the family physicians to provide better care to these patients with chronic co-morbid and complex care diseases.

Across the Interior Health Authority, S.N.O. has been involved through the Interdivisional Strategic Council. Currently, we are participating in the I.M.I.T. working group, both the Child and Youth Mental Health & Substance Use and Adult Mental Health projects, the Interior Health Authority Palliative Care project, and the re-newed project to involving the senior administrators of the IHA in the Hospital Hassle Factors project.

The Board has participated in educational sessions regarding Board development. From this education process, we have further developed our mission statement, vision and the strategies to achieve these goals. The Board has also looked at ways to more effectively manage the issues that

Message from the Physician Lead Cont'd

apply to all of the Shuswap North Okanagan, but also to focus on the separate priorities that may affect only one portion of our area. We have re-evaluated our Board structure which has led to changing our organization so that there will be one over-arching Board and two chapters representing the Vernon area and the Salmon Arm area. Through this process we believe we will be better able to effectively work on the local challenges while still managing the broad divisional issues.

The Board has also decided to focus our attention on projects that better serve the physicians and the residents of our area. We will continue our focus on continuing medical education and would like to pursue education regarding office efficiency and physician wellness through 2014-2015.

Provincially, much attention is being directed to the GP4Me project and preliminary work pertaining to a GP4Me project is ongoing. A community survey has been recently completed and from this we hope to determine a strategy that allows our patients to have better access to our services to ensure that those individuals most in need of care are able to obtain it.

I wish to thank Tracey Kirkman for her fantastic work over the last four years. Tracy continues to display endless energy and concern for both the physicians and patients of the Shuswap North Okanagan. Without Tracy's assistance the Board of Directors would have been unable to have achieved the successes that we have seen.

I would like to thank Dr. Rick Sherwin for stepping forward to become the temporary Physician Lead for the Shuswap North Okanagan, as my four-year term has come to an end. I thank the members of the Board for their valuable contributions, allowing SNO to function at a high level. In 2014-2015, the Board will pursue opportunities to improve the well-being of the physicians and the residents that we serve and the Shuswap North Okanagan. I believe the year ahead will be a very successful year.

Sincerely,
Dr. Ken Perrier

Message from the Executive Director

About 6 months ago I decided to try something new and signed up for yoga classes. I must confess that it was not the wide variety of animal poses that challenged me, but rather my inability to clear my mind of all the clutter and noise and instead, be present, and in the moment.

In the middle of my downward facing dog, while checking to make sure that I was facing the right way, my mind would catapult to 'Doctor of the Day' issues; or upcoming meetings with Interior Health or I would find that I was trying to figure out my children's activity schedule for the next month!



This continued for a few frustrating weeks where I was very mindful of my desire to try to clear my mind, to be present without distractions; and to feel the discomfort of a new posture without resisting it, but allowing time to recover.

What does any of this have to do with our Annual Report, you might ask? Well, I think my introduction to yoga has some similarities to this past year. When there is noise or clutter, we often become distracted.

As a Division, I feel that we need to stay focused and be present to the needs of our members. It is with this in mind that our Division will take on a new look: the 2 local chapters (based in Salmon Arm and Vernon) will address issues or projects pertinent to each community while the Board will focus on the strategic direction of the organisation.

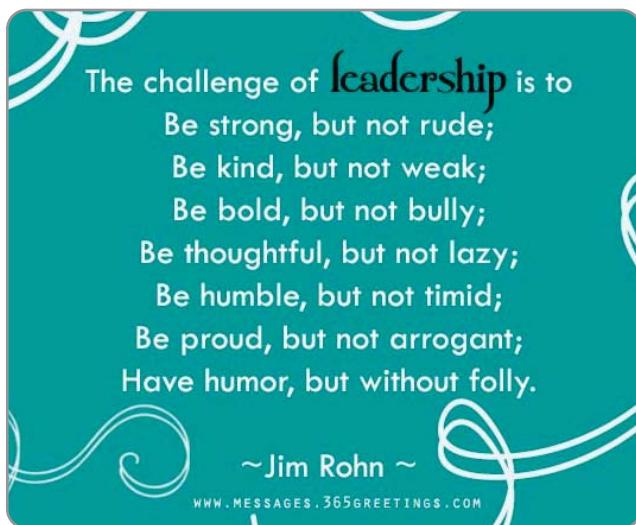
At our Board development workshop in August, our vision: "Healthy Physicians, Patients and Communities", was developed. This is underpinned by our mission statement: "Family physicians working to increase physician satisfaction and to provide better, sustainable health care for our communities." This is the essence of who we are and who we represent, as well as the mechanism to ensure that we stay focused.

In February and March we conducted a Community Health Survey. I felt

Message from the Executive Director Cont'd

very proud to represent our physician community and to hear so many people speak with such praise and high regard for our physicians. In a system that is complex and overburdened, one thing is certain: our physicians are needed, wanted and appreciated.

Which brings me to our Physician Lead, Dr. Ken Perrier.



Ken you exceeded the challenge! Thank you for being our Leader!

Change is not to be feared but embraced for the opportunities it presents. The new year is going to be different – we have a new structure, a new focused vision and leadership. I am looking forward to the possibilities!

Tracey Kirkman
Executive Director

The Year in Review

April 2013

- First Division to register physicians to Assigned and Unassigned networks
- Billing workshops and MOA breakfasts to support new GPSC incentives
- Child Youth Mental Health and Substance Use Collaborative presentation in Salmon Arm

May 2013

- Integrated Health Networks (IPCC) meetings in Vernon to finalise the new service delivery model for Vernon

June 2013

- 1st meeting with Internal Medicine Specialists in Vernon
- Provincial Round Table
- 3rd AGM held in Enderby

July 2013

- Collaborative Services Committee (CSC) Strategic Planning Session

August 2013

- SNO Board Team building and Board Development Session

September 2013

- Child Youth Mental Health and Substance Use Collaborative presentation in Vernon

October 2013

- BC College of Family Physicians Fall CME
- 2nd meeting with Internal Medicine Specialist in Vernon
- Residential Care meeting in Vernon
- Adult Mental Health evening in Salmon Arm: Introduction of Psychiatrists and IH Program Leads
- Community Resource Navigator for Salmon Arm is introduced (this was made possible through the Salmon Arm CYMH&SU Action Team)
- Peggy Crough, our new Administrative Assistant, is hired

November 2013

- Division Executive Director Learning Lab in Vancouver

December 2013

- Introductory meeting re: Polypharmacy in Residential Care
- ACLS CME in Vernon

January 2014

- Media release re: SNO Community Health Care Survey
- Share Internal Medicine Wait times with Vernon Physicians

February 2014

- Community Health Care Survey goes live
- In-patient Care Survey Vernon
- MOA Breakfast Vernon with Dr. Cathy Clelland

March 2014

- Division Executive Director Learning Lab in Vancouver
- SNO Strategic Plan approved
- Polypharmacy in Residential Care CME in Vernon and Salmon Arm
- Transfer of Care meeting in Vernon
- Vernon DOD survey
- Integrated Palliative and Acute Campus of Care Model presented at March CSC





Vision

Healthy physicians, patients and communities.

Mission

**Family physicians working to increase physician satisfaction
and to provide better sustainable health care for our communities.**

Our Values

- Active engagement
- Commitment
- Mutual respect
- Trust
- Diversity
- Humour

Our Goals

- We will have an engaged and active membership
- We will increase Division awareness and support
- We will support progress and innovation on these existing initiatives:
 - Palliative Care, CME, Hassle Factors,
 - Physician Wellness, Residential Care,
 - Transfer of Care, IPCC (IHN)
- We will be fiscally responsible.

Criteria for Success

- ▶ Active participation and engagement of our members in Board meetings, Chapter meetings and engagement opportunities.
- ▶ Collegial, professional spirit is built amongst ALL our members:
 - build trust
 - all physicians are valued
 - bridge the gap between community and full service physicians
- ▶ Manage differences effectively:
 - engage in difficult conversations
 - agree to not always agree
 - open discussion; commitment to overcome difficulties
- ▶ Celebrate successes.
- ▶ Laughter and a sense of humour.
- ▶ Satisfied Physicians and Patients.

Salmon Arm Palliative Care Report

In March 2013, the CSC endorsed the report and recommendations on Palliative Care as presented by the Salmon Arm Palliative Care Working Group. The Palliative Care Implementation working group was formed to address the recommendations of this report.

The detailed Palliative Care Report can be found on the Division's webpage at: www.divisionsbc.ca/sno/workinggroups.

The Implementation working group is led by Dr. Joan Bratty, chaired by Kirstine Hill from Interior Health, with administrative supports coming from the Division.

Below is a summary of the completed achievements to date.

COMPLETED PRIORITY #1 RECOMMENDATIONS

Recognize and safe-guard the long term trusting relationship between patient/family and primary care provider as a central feature of quality patient-centered care. (statement of principle)

- Introduce concept of Multidisciplinary Teams (MDT) to physicians and ways to improve communication
- Bring work from Care Coordination project to use as baseline / current state (communication among service providers)

Introduce the GPSC End of Life continuing education module in a coordinated and supported way to all Shuswap family physicians and other palliative care providers.

Institute a steering group within the PCC comprised of the acute care director of SLGH, CIHS operations and programs representatives, hospice representative, Residential Care Director, and family physician (Division of Family Practice).

Review of the mandate and composition of the Community Palliative Care Committee (PCC) (currently known as the Palliative Care Advisory Committee).

Immediate recruitment of a full-time Palliative Care Coordinator

IN PROGRESS: Complete a full inventory of existing, relevant services available in the Shuswap. Create and maintain a local website to facilitate access to up-to-date information for patients and families, to include the service inventory.

COMPLETED PRIORITY #2 RECOMMENDATIONS

Institute routine weekly clinical rounds of all palliative patients in the community and acute settings, with a formalized and regular schedule to allow physicians and other care providers to attend when their patients are discussed.

Institute a Community Advisory Group to advise the PCC as the second component of the PCC; to include Patient Voice, Aboriginal Voice, hospital foundation representative, social worker, clergy and the Palliative Care Coordinator. A member of the Steering Committee would chair this group.

Ensure a Palliative Care Implementation Working Group representative joins the IH End of Life working group.

The Palliative Care Coordinator coordinates weekly clinical rounds on all designated palliative patients in both community and acute settings. Optimal continuity of care for patients is best achieved through excellence in communication between care providers.

In March 2014, Dr. Joan Bratty presented an Integrated Palliative and Acute Campus of Care (IPACC) model to the Collaborative Services Committee. The Division has agreed to support the continued development of this model into a business with the aim of piloting this model in Salmon Arm.



Community Health Care Survey 2014



86% attached
to a family
doctor

77% attached
for 5+ years

65% have
ongoing/chronic
health issues

67% frustrated by
inability to get
timely appointments
& wait times.

Open to increased
accessibility via
online, more doctors
& extended hours.

Access to Health Care: What did we learn?

To view the full report, please visit www.divisionsbc.ca/sno

- Majority (86%) of community currently attached to GP
- Nearly all (98%) believe it's important to have family doctor
- 80% rate their own health as excellent or good
- 37% are responsible for health decisions of others
- Nearly 80% have seen their family doctor in the last year for routine care
- 67% frustrated by wait times & access to timely appointments
- 12% say transportation is a barrier to accessing care
- 65% have chronic conditions
- In the past year, 34% have visited an ER, 44% Walk In Clinic & 28% Alternative Health Care Provider

- Respondents recommend: more doctors, improving online info and extended hours as ways to make it easier to find a doctor/build stronger relationships

The Division of Family Practice Shuswap North Okanagan is currently evaluating action steps for:

1. New Physician Recruitment
2. Ongoing Physician Education & Support in Chronic Disease
3. Opportunities to enhance office efficiencies
4. Patient Empowerment & Education

View full report at
www.DivisionsBC.ca/sno

Shuswap North Okanagan Division of Family Practice



A GPSC initiative

Inter-Divisional Strategic Council Initiatives

The Inter-Divisional Strategic Council (ISC) has been established jointly by the seven Divisions of Family Practice, Interior Health and GPSC as a mechanism to add value to the work of the Collaborative Services Committees through a focus on region wide, provincial and system issues.

The ISC has the following working groups:

- » Child and Youth Mental Health and Substance Use Collaborative
- » Recruitment and Retention
- » IM/IT

The table below represents their work to date:

Initiative/Purpose	Update
Child and Youth Mental Health and Substance Use Collaborative	Learning Session 3 took place in Kelowna on March 5/6. 170 registered for 6th 115 registered for dinner.
Child and Youth Mental Health and Substance Use Collaborative	8 Action Teams identify what they need for sustainability. Plan for spread to rest of province initiated.
\$2.6m from Shared Care and Specialist Services Committees through Divisions of Family Practice	Deputy Ministers of Health, MCFD and Education updated and agreed to be visible sponsors of the Collaborative.
PURPOSE: To increase the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports	System issues being tackled: <ul style="list-style-type: none">• Information sharing barriers between clinicians• Inability for GPs to access psychiatrists for patients• Inability of psychiatrists to access information on MCFD CARIS system• Inability of ER physicians to see information on patient• Physician compensation to fit collaborative, team model of care• Barriers to recruitment of child and youth psychiatrists
. 12.6% of children and youth are experiencing clinically significant	

Inter-Divisional Strategic Council Initiatives Cont'd

Initiative/Purpose	Update
<p>mental disorders at any given time = 20,000 in IH</p> <ul style="list-style-type: none"> • 69% are not receiving the level of specialized services that is required = 13,800 in IH 	<p>Family doctors are reporting much greater knowledge and access to support services for their patients. In one case this has resulted in over 50% increase in access to care.</p> <p>Spread and sustainability Congress: Fall, 2014</p>
<p>Recruitment and Retention of Family Physicians</p> <p>\$60,000 GPSC, CIRD AND IH</p> <p>PURPOSE: To improve the systematic approach to family physician recruitment and retention in the Interior Health region by establishing key partnerships across participating organizations to:</p> <ul style="list-style-type: none"> • Share best practices • Identify roles and responsibilities • Complete action items prioritized through consensus <p>Understood by the committee that many rural/remote areas of the region are in crisis or pre-crisis</p>	<ul style="list-style-type: none"> Results of environmental scan shared with multiple partners Planning meeting results distributed and reviewed Committee identified a small number of priorities within scope and identified a number of items for GPSC's Provincial Recruitment Round Table Committee then reviewed priorities and a strategic plan has emerged for approval of ISC Gina Sloan also presented the draft Guide to Recruitment of Physicians – prepared from the experiences of IH's Executive Medical Directors and staff on recruitment and physician compensation requirements. The committee is to provide input into the Guide <p>Need to address for family doctors in their Divisions:</p> <ul style="list-style-type: none"> The length of time and process around privileging The need to have eMRs in offices so that locums and/or new recruits are attracted to the practice The importance of PITO/PSP across the region to support family doctors To ensure GPSC understands the

Inter-Divisional Strategic Council Initiatives Cont'd

Initiative/Purpose	Update
<p>Identified Priorities for decision by ISC are:</p> <ol style="list-style-type: none">1. Develop a collaborative approach to recruitment2. Encourage the preparation of turnkey practices to attract locums and new recruits3. Remove barriers to recruitment4. Increase access to locums <p>Address GP shortages in urban areas such as Kamloops</p>	<p>importance to physician health of finding locums and/or additional doctors</p>
<p>IM/IT</p> <p>PURPOSE: To facilitate collaboration between Interior Health and Divisions of Family Practice to leverage opportunities and resolve issues related to the use of information technology to support patient care, increase efficiency for all stakeholders and provide better quality data to support planning and implementation.</p>	<p>IM/IT committee held a planning meeting on March 16th. The following items emerged as priorities:</p> <ul style="list-style-type: none">• Interoperability• Medication reconciliation• Telehealth• Patient problem list• Data for measurement <p>On March 6, 2014 the IM/IT committee will vote on the elements of these priorities to identify quick wins and receive an update from IH on medication reconciliation.</p> <p>The importance of family doctors in their Divisions of:</p> <ul style="list-style-type: none">*having basic information such as who is the specialist on call* the data collaborative and Pathways*the development of a problem list for information sharing for care and safety of the patient

This financial statement is based on an unaudited statement for the period of April 1, 2012 to March 31, 2013.

ASSETS

CURRENT ASSETS

TD Canada Trust	\$ 144,153.33
TOTAL CURRENT ASSETS	\$ 144.153.33

CAPITAL ASSETS

Office Furniture & Equipment	\$ 2025.45
Computer Hardware & Software	\$ 994.61
TOTAL CAPITAL ASSETS	\$ 3020.06
TOTAL ASSETS	\$ 147,173.39

LIABILITY

CURRENT LIABILITIES

Accounts Payable	\$ 21,463.47
Vacation Accrued	\$ 3601.17
TOTAL CURRENT LIABILITIES	\$ 25,064.64

EQUITY

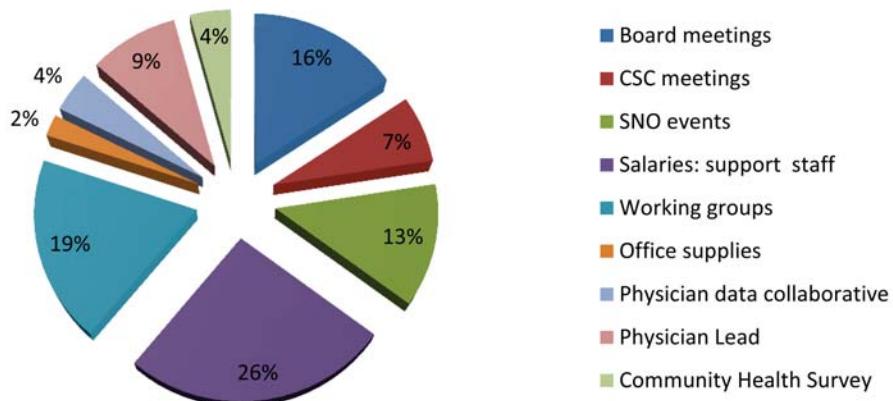
Retained Earnings	\$ 130,960.42
Current Earnings	\$ 8,851.67
TOTAL EQUITY	\$ 122,108.75

LIABILITIES & EQUITY **\$ 147,173.39**

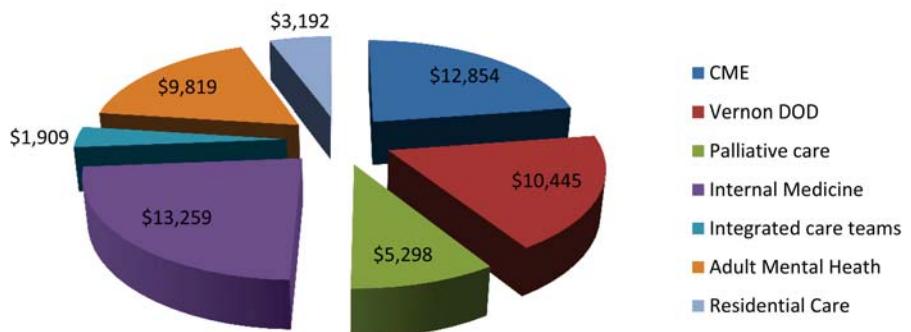
Expenditure – April 1, 2013 – March 31, 2014

Board meetings	\$ 46,370.86
CSC meetings	\$ 20,577.60
SNO events	\$ 37,619.45
Physician Leader	\$ 27,481.59
Salaries: support staff	\$ 76,891.75
Bookkeeper	\$ 3,868.21
Working groups	\$ 56,780.35
Office supplies and printing	\$ 6,639.87
Physician data collaborative	\$ 12,500.00
Community Health Survey	\$ 18,902.54
TOTAL EXPENSES	\$ 307,632.22

Expenditure – April 1, 2013 – March 31, 2014



SNO Working Groups and sessions



SNO Board of Directors

Kenneth Perrier ~ *Physician Lead*

Erasmus Bonthuys ~ *Treasurer*

Rick Sherwin ~ *Board Chair*

Adriaan Heunis

Juliann Aitchison

Tanja Redelinghuys

Abri de Beer

James Levins

Staff

Tracey Kirkman ~ *Executive Director*

Peggy Crough ~ *Admin. Assistant*

Shuswap North Okanagan Division of Family Practice

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www.divisionsbc.ca

Photographs of the SNO area courtesy of:

PictureBC.ca

Cover: Salmon Arm Wharf

Page 2: Coldstream, Autumn's Bountiful Crop of Apples

Page 3: Enderby Cliffs

Page 9: Shuswap Lake

Page 12: Salmon Arm & Salmon Arm Bay

Page 19: Enderby, World Record Tube Float